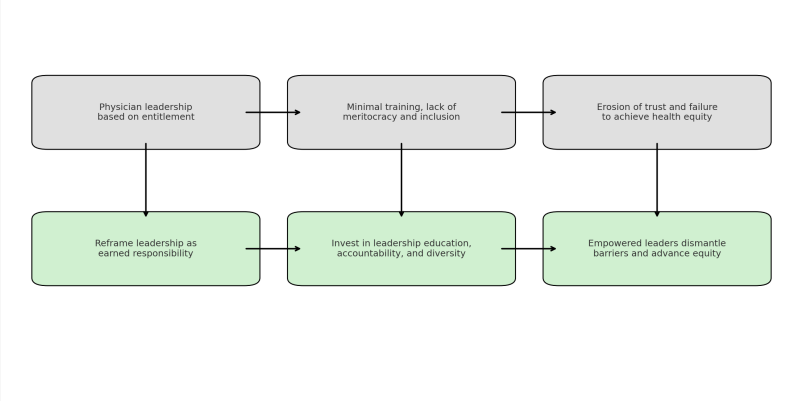
Physician-Leadership Needs Reforms To Promote Healthcare Equity Or Quality; Olumuyiwa Bamgbade, Salem Pain Clinic Canada

Physician-Leaders Cannot Meet the Demands of Equitable and Performance-Based Leadership; Hence Their Need to be Trained to Promote Healthcare Equity and Quality



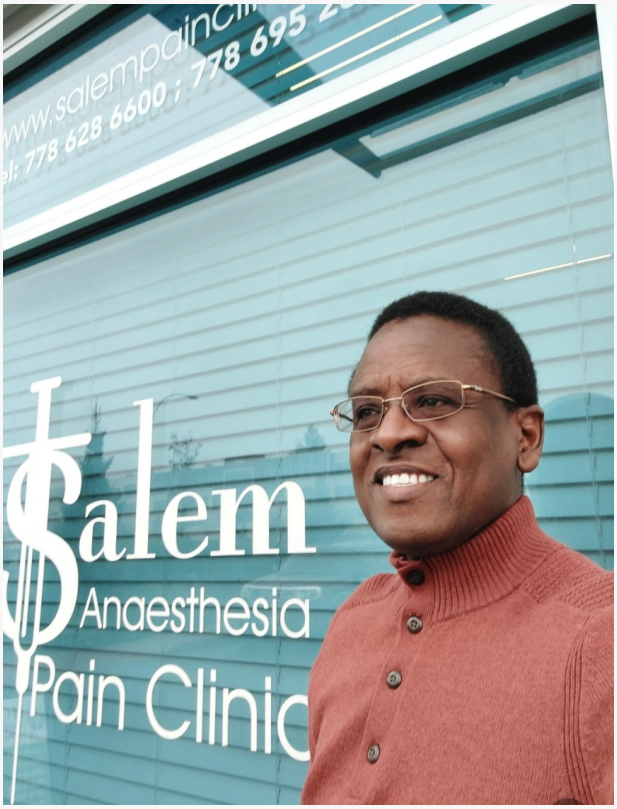
Physician Leadership

SURREY, BC, CANADA, April 21, 2025 /EINPresswire.com/ -- Physician-leaders are pivotal in healthcare management. However, recent developments indicate that persistent challenges have hindered their effectiveness, including nepotism, ethnocentrism, a lack of meritocracy, and leadership selections based on subjective likability. Thus, these leaders have been inefficient in addressing systemic health inequities or fostering inclusive workplaces. These issues are not only harming workforce morale but also undermining equitable care delivery and patient outcomes. However, rather than abandoning the physician-leadership model, healthcare systems must invest in reforming it.

> Physician-leaders must evolve from a position of entitlement to one of earned responsibility, strategic vision, and cultural humility."
>
> *Dr. Olumuyiwa Bamgbade*

Most physicians receive little leadership, systems thinking, or equity training. Structured leadership education is required to equip physician-leaders with the tools necessary for modern healthcare. We must implement national mandates requiring all physician-leaders to complete competency-based training in cultural humility, health equity, data-informed decision-making, and trauma-informed leadership. This will enable physician-leaders to transcend outmoded hierarchies and function as inclusive, equity-oriented change agents by receiving leadership education rooted in lived experience, antiracism, and collaborative governance.

Without accountability, exclusionary behaviors such as ethnocentrism persist unchecked in leadership environments. Indeed, subjective partiality contributes to the homogenization of leadership teams and the silencing of diverse talent. The appointment of leaders based on seniority, likeability, or insider networks must thus be replaced by open, merit-based systems. We must establish unambiguous criteria for leadership positions, such as metrics for community engagement, peer reviews, and past performance. Additionally, we must ensure that leadership appointments are subject to inclusive external review committees. This approach will disrupt the cycles of nepotism and enable underrepresented physicians, such as women, immigrants, and minorities, to access leadership pipelines on an equal basis.



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Physician-leaders must establish a vision that aligns their organizational performance with health equity objectives. We must incorporate social determinants of health, race-based data, access disparities, and patient-reported outcome measures into hospital strategic plans and quality dashboards. This will guarantee physician-leaders prioritize the closure of care disparities and resolve the underlying causes of inequity rather than merely meeting budgetary or operational objectives. Additionally, we must promote shared governance models in which physician-leaders co-lead with nurses, social workers, administrators, and community health leaders. Such approaches provide diverse lenses through which complex problems can be addressed. Furthermore, we must develop programs that pair emerging leaders with experienced, equity-minded mentors. These soft mechanisms reinforce empathy, humility, and openness, qualities often missing from traditional physician-leader archetypes.

Physician leadership must evolve from a position of entitlement to one of earned responsibility, strategic vision, and cultural humility. By investing in leadership education, meritocracy, accountability, and diversity, health systems can unlock physician-leaders' full potential to serve their teams and communities more effectively. Through equity-centered governance and inclusive mentorship, physician-leaders can evolve into the transformative figures the healthcare system urgently needs. Their credibility, visibility, and clinical insight give them a unique platform, if appropriately empowered, to dismantle systemic barriers, rebuild workforce trust, and advance health equity in measurable, lasting ways.

Dr. Bamgbade is a healthcare leader with an interest in value-based healthcare delivery. He is a specialist physician trained in Nigeria, Britain, the USA, and South Korea. He is an adjunct

professor at institutions in Africa, Europe, and North America. He has collaborated with researchers in Nigeria, Australia, Rwanda, the USA, Kenya, Armenia, South Africa, Britain, Tanzania, Namibia, Iran, Zambia, Botswana, China, Ethiopia, Mozambique, Jamaica, and Canada. He has published 45 scientific papers in PubMed-indexed journals. He is the director of Salem Pain Clinic, a specialist and research clinic in Surrey, BC, Canada. Dr. Bamgbade and Salem Pain Clinic focus on researching and managing pain, health equity, injury rehabilitation, neuropathy, insomnia, public safety, substance misuse, medical sociology, public health, medicolegal science, and perioperative care.

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